

1998 AR1000S ARKANSAS INDIVIDUAL INCOME TAX RETURN

Full Year Resident / Short Form

JAN 1 - DEC 31, 1998 Or Fiscal Year Ending , 19

DEPT. USE ONLY

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USE LABEL, PRINT OR TYPE.	<input type="checkbox"/> FIRST NAME AND INITIAL (List both if applicable)		<input type="checkbox"/> LAST NAME(S) (See Instructions)		<input type="checkbox"/> YOUR SOCIAL SECURITY NUMBER	
	<input type="checkbox"/> PRESENT ADDRESS - NUMBER AND STREET, APARTMENT NUMBER OR RURAL ROUTE				<input type="checkbox"/> SPOUSE SOCIAL SECURITY NUMBER	
	<input type="checkbox"/> CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE				HOME TELEPHONE: _____ WORK TELEPHONE: _____	

FILING STATUS <small>Check only one box</small>	1. <input type="checkbox"/> SINGLE: (Or widowed before 1998 or divorced at end of 1998) 2. <input type="checkbox"/> MARRIED FILING JOINT: (Even if only one had income) 3. <input type="checkbox"/> HEAD OF HOUSEHOLD: (See Instructions) If the qualifying person is your child but not your dependent, enter this child's name here: _____		4. <input type="checkbox"/> MARRIED FILING SEPARATELY ON SAME RETURN 5. IF FILING STATUS 5, USE AR1000/AR1000NR - LONG FORM. 6. <input type="checkbox"/> QUALIFYING WIDOW(ER): with dependent child. (Year spouse died): 19 _____ (See Instructions).	
	HAVE YOU FILED A FEDERAL EXTENSION? <input type="checkbox"/> Check this box if you have filed an Automatic Federal Extension Form 4868. (See Instructions).			

PERSONAL CREDITS	7A. <input type="checkbox"/> YOURSELF <input type="checkbox"/> 65 or OVER <input type="checkbox"/> 65 SPECIAL <input type="checkbox"/> BLIND <input type="checkbox"/> DEAF <input type="checkbox"/> HEAD OF HOUSEHOLD/ <input type="checkbox"/> SPOUSE <input type="checkbox"/> 65 or OVER <input type="checkbox"/> 65 SPECIAL <input type="checkbox"/> BLIND <input type="checkbox"/> DEAF <input type="checkbox"/> QUALIFYING WIDOW(ER)			
	7B. First name(s) of dependent(s): (Do not list yourself or spouse) _____ Multiply number of boxes checked from Line 7A.. <input type="checkbox"/> x 20.00 = _____			
	7C. TOTAL PERSONAL CREDITS: (Add Lines 7A and 7B.) (Enter total here and on Line 16)..... 7C			

INCOME	ROUND ALL INCOME FIGURES TO WHOLE DOLLAR AMOUNTS		A YOUR INCOME		B SPOUSE INCOME STATUS 4	
	8. Wages, salaries, tips, etc. 8			8		
	9. Interest/dividend income: (If either interest or dividend income is over \$400.00, complete page ARS2) 9			9		
	10. Miscellaneous Income: (Attach explanation). 10			10		
	11. TOTAL INCOME: (Add Lines 8 through 10). 11			11		

DEDUCTIONS & TAX COMPUTATION	12. Standard Deduction. (See Instructions). 12				
	NOTE: If you qualify for the Low Income Table, enter (0) on Lines 12A and 12B. 12				
	13. Taxable Income. (Subtract Line 12 from Line 11). 13				
	14. Select Tax Table: (Enter tax from table). <input type="checkbox"/> LOW INCOME Table 1 <input type="checkbox"/> REGULAR Table 2. 14				
	15. TOTAL TAX: (Add Lines 14A and 14B). 15				

TAX CREDITS	16. Personal Tax Credits. (Enter total from Line 7C). 16				
	17. Working Taxpayer Credit: (See Instructions. Attach AR1328). 17				
	18. Child Care Credit: (Attach Federal schedule, 20% of Federal credit allowed). 18				
	19. TOTAL CREDITS: (Add Lines 16, 17 and 18). 19				
	20. NET TAX: (Subtract Line 19 from Line 15. If Line 19 is greater than Line 15 enter 0). 20				

PAYMENTS	21. Arkansas Income Tax withheld: (Attach State copies of W-2s). 21				
	22. Early Childhood Program: Certification Number: _____ (Attach Federal Form 2441 or 1040A, Certification Form AR1000EC and 20% of Federal credit allowed). 22				
	23. TOTAL PAYMENTS: (Add Lines 21 and 22). 23				

REFUND OR TAX DUE	24. AMOUNT OF OVERPAYMENT REFUND: (If Line 23 is greater than Line 20, enter the difference). 24				
	25. Amount to be contributed to AR Disaster Relief Fund: 25				
	26. Amount to be contributed to the U.S. Olympic Fund: 26				
	27. AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 25 and 26 from Line 24). REFUND 27				
	28. AMOUNT DUE: [If Line 23 is less than Line 20, enter the difference. (If over \$250.00, see Instructions)]. TAX DUE 28				

PLEASE SIGN HERE	PLEASE SIGN HERE Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
	Your Signature		Occupation		Date	
	Spouse's Signature		Occupation		Date	
	FOR DEPARTMENT USE ONLY					

PAID PREPARER	Paid Preparer's Signature:		ID Number / Social Security Number:		A		
					B		
	Name:		City / State / ZIP:		C		
	Address:		Telephone:		D		
					E		

Mailing Information	Mail REFUND returns to: Mail TAX DUE returns to: Mail NO TAX DUE returns to:		DFA State Income Tax, P. O. Box 1000, Little Rock, AR 72203-1000. DFA State Income Tax, P. O. Box 2144, Little Rock, AR 72203-2144. DFA State Income Tax, P. O. Box 8026, Little Rock, AR 72203-8026.	

Part 1 INTEREST INCOME**Part II DIVIDEND INCOME**

Interest on bank deposits, notes, mortgages, interest from individuals, corporation bonds, savings and loan deposits and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.

List the names of the interest source below and designate the ownership by writing Y (Yours), S (Spouse), or J (Joint).

Dividends, including capital gains distributions and other distributions on stock are fully taxable. There is no dividend exclusion applicable to Arkansas.

List the names of the company by declaring the dividend and designate the ownership by writing Y (Yours), S (Spouse), or J (Joint).

Y S J	Name of Payer	Amount	Y S J	Name of Payer	Amount
		00			00
		00			00
		00			00
		00			00
		00			00
		00			00
		00			00
		00			00
		00			00
		00			00
TOTAL INCOME INTEREST: Enter here and on Line 9.		00	TOTAL DIVIDEND INCOME: Enter here and on Line 9.		00

CHECKLIST FOR AR1000S FILERS

This checklist is to help you make sure that your form is filled out correctly. Errors may delay your refund.

- ☐ 1. Is your name and address correct on the preprinted label? If not, did you enter the name, address, and social security number for you and your spouse in the space provided?
- ☐ 2. Is your social security number correct?
- ☐ 3. Did you use the correct filing status column and taxable income to find your tax in the tax table?
- ☐ 4. Did you attach your W-2 form(s)?
- ☐ 5. Did you add and subtract correctly especially when figuring your refund or amount you owe?
- ☐ 6. Did you sign and date your return?
- ☐ 7. Did you keep a copy for your records?